

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
ARIZONA BUSINESS ENTERPRISE PROGRAM

MONTHLY OPERATING STATEMENT

OPERATOR: _____
LOCATION: _____

FACILITY NO: _____
MONTH _____

INCOME

GROSS SALES, NET OF TAX'S	1	_____		(THE SALES TAX
GROSS SALES, CATERING & OTHER	2	_____	(SALES TAX)	IS NOT INCLUDED
GROSS SALES, SELF-SERVICE VENDING	3	_____		IN THE GROSS
GROSS SALES	(ADD LINES 1,2,3)	4	\$ -	SALES)

PURCHASES

FOOD ITEMS PURCHASED	5	_____		
FOOD PREPARATION SUPPLIES	6	_____		
NON-FOOD ITEMS FOR RESALE	7	_____		
TOTAL PURCHASES	(ADD LINES 5,6,7)	8	\$ -	#DIV/0!

GROSS PROFIT (LINE 4 MINUS LINE 8) 9 \$ -

SALARY EXPENSES

WAGES PAID: SIGHTED	10	_____	No of employees:	_____
WAGES PAID: BLIND	11	_____	No of employees:	_____
WAGES PAID: OTHER HANDICAPPED	12	_____	No of employees:	_____
WAGES PAID: CONTRACT OR BONUS	13	_____	No of employees:	_____
TOTAL WAGES PAID	(ADD LINES 10, 11, 12, 13))	14	\$ -	

SOCIAL SECURITY-EMPLOYER'S SHARE (FICA)	15	_____
UNEMPLOYMENT COMPENSATION (FUTA & SUTA)	16	_____
WORKER'S COMPENSATION INS	17	_____
EMPLOYEE BENEFIT EXPENSE	18	_____

Enclose copies of monthly or quarterly
regulatories (receipt, canceled checks,
bank statements, money order, or
940/941 bank deposit receipt.

TOTAL PAYROLL RELATED (ADD LINES 15,16,17,18) 19 \$ - #DIV/0!

LESS: OJT REIMBURSEMENT 20 _____

NET PAYROLL EXPENSE (LINES 14 + 19 -20)) 21 \$ - #DIV/0!

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
ARIZONA BUSINESS ENTERPRISE PROGRAM

MONTHLY OPERATING STATEMENT

BUSINESS OPERATING EXPENSES

(ATTACH COPIES OF RECEIPTS)

ADVERTISING	a	_____	
ACCOUNTING SERVICE	b	_____	(SALES TAX IS NOT AN
BANK SERVICE CHG	c	_____	OPERATING EXPENSE)
DUES & PUBLICATIONS	d	_____	
FLOWER RENTAL	e	_____	
JANITORIAL SVC & SUPPLIES	f	_____	
KNIFE SHARPENING	g	_____	
LAUNDRY & CLEANING	h	_____	
LIABILITY INSURANCE	i	_____	
OFFICE SUPPLIES & POSTAGE	j	_____	
PEST CONTROL	k	_____	
TELEPHONE (MONTHLY SVC)	l	_____	
BUSINESS RELATED LONG DISTANCE	m	_____	
OTHER BUSINESS EXPENSES (ITEMIZE):			
_____	n	_____	
_____	o	_____	
_____	p	_____	
_____	q	_____	
_____	r	_____	

BUSINESS OPERATING EXPENSES

(ADD a THRU r)

22 \$ _____
#DIV/0!

TOTAL EXPENSES

(ADD 21 & 22)

23 \$ _____
#DIV/0!

PROFIT FROM OPERATIONS

(LINE 9 MINUS 23)

24 \$ _____

OTHER INCOME

#DIV/0!

VENDING MACHINE COMMISSIONS	25	_____
LOTTERY COMMISSIONS	26	_____
MISCELLANEOUS INCOME	27	_____

TOTAL OTHER INCOME

(ADD 25, 26, 27)

28 \$ _____

NET PROFIT BEFORE SIT-ASIDE

(ADD 24 & 28)

29 #DIV/0!

SET-ASIDE FEE

30 #DIV/0!

ADJUSTED NET PROFIT AFTER SET-ASIDE

(LINE 29 MINUS 30)

30 #DIV/0!

I CERTIFY THE FOREGOING STATEMENT IS COMPLETE, TRUE AND CORRECT.

SIGNATURE

DATE

#DIV/0!
#DIV/0!
#DIV/0!
#DIV/0!
#DIV/0!